

General

Title

Bioethics: percentage of restraint applications in accordance with the protocol.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of restraint applications in accordance with the protocol.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Restraints (physical and/or medications) are often used in the intensive care unit (ICU); sometimes they are deemed necessary for the patient's own safety and sometimes they are deemed necessary to protect the staff. Given the ethical issues involved (use in incapacitated patients, impossibility of obtaining family approval, potential for abuse, etc.) and the potential undesirable consequences from the clinical point of view, the use of restraints should be regulated by protocol.

Evidence for Rationale

HofsÃ, K, Coyer FM. Part 1. Chemical and physical restraints in the management of mechanically ventilated patients in the ICU: contributing factors. *Intensive Crit Care Nurs.* 2007 Oct;23(5):249-55. [PubMed](#)

HofsÃ, K, Coyer FM. Part 2. Chemical and physical restraints in the management of mechanically ventilated patients in the ICU: a patient perspective. *Intensive Crit Care Nurs.* 2007 Dec;23(6):316-22. [PubMed](#)

Maccioli GA, Dorman T, Brown BR, Mazuski JE, McLean BA, Kuszaj JM, Rosenbaum SH, Frankel LR, Devlin JW, Govert JA, Smith B, Peruzzi WT, American College of Critical Care Medicine, Society of Critical Care Medicine. Clinical practice guidelines for the maintenance of patient physical safety in the intensive care unit: use of restraining therapies--American College of Critical Care Medicine Task Force 2001-2002. *Crit Care Med.* 2003 Nov;31(11):2665-76. [PubMed](#)

Martin B, Mathisen L. Use of physical restraints in adult critical care: a bicultural study. *Am J Crit Care.* 2005 Mar;14(2):133-42. [PubMed](#)

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Primary Health Components

Bioethics; physical restraint; pharmacological restraint; protocol

Denominator Description

Number of restraint applications (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of restraint applications in accordance with the protocol (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Making Care Safer

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Safety

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of restraint applications

Note:

Restraints can be physical or pharmacological.

The use of restraints must be prescribed by a physician; however, nursing staff may initiate the process.

Population: All applications of restraints in the period reviewed.

Exclusions

Therapeutic immobilization (traction) and restraints imposed by court order

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of restraint applications in accordance with the protocol

Note:

The protocol must include at least:

Definition of restraint and types of restraint

Indication of situations in which restraints should be applied

Follow-up of restrained patients: what and when

Documentation in the clinical history

Orders to apply restraints should be recorded in both the clinical history and the nursing register.

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: 100%

Evidence for Prescriptive Standard

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Identifying Information

Original Title

Use of restraints.

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Bioethics

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

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NQMC Status

This NQMC summary was completed by ECRI Institute on March 19, 2014. The information was verified by the measure developer on April 25, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)

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